



## BAY COUNTY JUVENILE HOME

**James A. Barcia**  
County Executive

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**Juliann Reynolds**  
Director  
[reynoldsj@baycounty.net](mailto:reynoldsj@baycounty.net)

To Parent/Guardian or referring agency:

Your youth is a current resident at our facility. Attached are a few policies that are required to be shared with you.

**Medical Consent:** The BCJH contracts a registered nurse and doctor to review resident medications and to handle minor medical issues. The BCJH is required to provide a physical within 7 days of placement unless there is a copy of a physical provided that had been completed in the last 10 months. The youth can request to see the nurse during medical clinic times. Please the medical consent form online so that we may attend to your youth's immediate medical needs. The nurse will contact the legal parent/guardian on file to discuss any changes in health status. If for any reason your youth needs to be transported to urgent care or the hospital you will be contacted as soon as possible.

**Prescriptions:** The staff understand that transportation to the BCJH may not always be convenient or possible. The BCJH utilizes Layerer's Pharmacy. You may choose to have refills transferred to Layerer's and let them know that the prescriptions need to be delivered to the Bay County Juvenile Home. You will need to provide insurance information and pay any co-pays.

Layerer's Pharmacy  
1100 Columbus Avenue  
Bay City, MI 48708  
989-893-7579

**Immunizations:** Immunization Clinic is the first Thursday of each month. The Bay County Health Department administers the immunizations at **no cost**. The registered nurse refers to the Official State of Michigan Immunization Record for each youth to determine the eligibility for immunizations. Immunizations available are Tdap, Hib, Polio, MMR, Hep B, Vericiella, Hep A, Flu, Pneumococcal Conjugate, Meningococcal Conjugate and HPV. Some of these vaccinations are a series. If the youth refuses the immunization we do not force the youth to receive them. The Health Department requires a consent form to be completed. Please see immunization consent form on the website. The BCJH is required to offer these immunizations for youth who remain in the facility after 29 days. If you have an up to date immunization record please fax or email to the BCJH. Fax # 989-892-4419 or email [juvhome@baycounty.net](mailto:juvhome@baycounty.net). You may also give a copy of the record to the Probation Officer or DHHS caseworker to forward to the facility.

**Dental:** Dental services are provided by the Mobile Dental Bus. Please complete the dental consent form on the website. No cost to the parent. If there are costs there will be no services completed unless the cost is approved by the legal parent/guardian or referring agency.

Thank you,

Bay County Juvenile Home



James A. Barcia  
County Executive

## **BAY COUNTY**

### **Juvenile Home**

Phone: (989) 892-4519 Fax: (989) 892-4419

520 West Hampton Road, Essexville, MI 48732

Juliann Reynolds  
Director

Visitation is limited to parents/legal guardians and grandparents listed in the residents file unless rights of the parent/legal guardian/grandparents have been terminated by the Court. Other visitor shall be prohibited unless approved by BCJH Administration in advance.

#### **Visitations dates and times:**

**Wednesdays: 6:00pm to 7:30pm**

**Sundays: 3:00pm to 4:30pm**

**Currently we are not allowing any visits at the facility due to the (COVID-19). All parents/legal guardians will be able to set up a virtual meeting with the Juvenile Home for those that are able to utilize this feature to contact the youth.**

1. Visits are "first come, first serve". If there is not enough room in the dayroom to accommodate all visitors the visiting session will be split into two sessions. The first group of visitors may visit for approximately 40 minutes of the session and the next group of visitors may visit the last part of the session. Visitors may not wait in the facility for the next visit session.
2. If the parent/guardian has questions or concerns they may direct that to the Supervisor on duty, Team Leader. The parent/guardian may call back during business hours to speak with the Director or put concerns in writing.
3. Resident visitation may be suspended if the resident is a security threat to himself or others. This threat must be documented in the resident's file and communicated to the referring agency.
4. Resident may refuse to visit with parent/legal guardian or grandparents without negative consequence. Any refusal and stated reason for refusal shall be documented in the resident's file.
5. All visitors are subject to a metal detector search upon entry to the facility. Purses, bags cell phones, tobacco products, food, drink or other personal items are prohibited. Visitors may be asked to take items back to their vehicle.

6. Visitors shall have suitable identification upon request. Visitation may be denied without valid identification. All visitors must sign in at the control desk.
7. Visitors are not to pass items to residents without review and approval from Bay County Juvenile Home (BCJH) staff. Passing of items to residents without the expressed permission of Juvenile Home employees is prohibited and will result in termination of visit. If the visit is terminated the reason for the termination must be documented in the resident's file.
8. All visits are monitored by BCJH staff.
9. Young children shall not be left unattended in the parking lot/vehicle while parents are visiting. Children are not allowed in the facility to visit with residents.
10. The visit may be terminated if deemed necessary by BCJH staff.
11. There is absolutely no smoking in the Juvenile Home or on the facility grounds by anyone. This is a State Law punishable by fines.
12. Type of visit
  - a. Phone call: Residents may receive phone calls from approved legal guardians/parents and grandparents. Residents may make phone calls as long as they have privileges to approved legal guardians/parents and grandparents.
  - b. Face to Face: Residents may receive visits in the facility by approved legal guardians/parents and grandparents on visiting days, during visiting hours.
13. Termination of visit: The visit may be terminated if the visit is a detriment to the resident.
  - a. The resident is crying and visibly upset and continuation of visit appears detrimental to resident. Arguing from parent or resident that is disruptive. Constant clinging and touching of resident/parent. Passing of any unauthorized item to the resident/parent.
  - b. Telephone calls will be terminated if it is found the resident is speaking with an unauthorized person. The resident will then receive a fine unless it is the resident who notifies staff that he/she has an unauthorized person on the line.
  - c. Resident phone calls shall be terminated if the resident's behavior warrants a fine.

All visits that are terminated either by the visitor, resident or BCJH staff must be documented in the resident's file. The reason for the termination of the visit shall be documented whenever possible.

# Bay County Juvenile Home Policy and Procedure

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**Chapter:** Resident Life

**BCJH Policy:**6.1

**Subject:** Resident Grievance

**Last Revision/Review:** October 2020

**MI State Licensing Rule:** R 400.4132 Grievance Procedures

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## Policy

Upon admission to the BCJH, all youth shall be informed of their right to file grievances against any behavior or disciplinary action of staff or other youth in the facility. Grievances that have not been resolved informally shall be filed according to the procedures outlined below. All youth grievances shall be handled expeditiously and without reprisal against the grievant.

**YDW and Supervisors who have contact with the parents/guardians and referral sources shall provide a copy of this policy prior to admission, at admission or if necessary after admission. Written acknowledgement must be attempted whenever possible that this policy was made available. If written acknowledgement cannot be attained a note in the resident's file stating the policy was given to the parent/guardian or referral source will suffice noting date and time given. This will be documented under the tab "Notes" in the file.**

This grievance policy shall be made available to residents, parent/guardians and referral agents. An interpreter shall be sought when necessary.

For any allegations by a youth for lack of medical attention or abusive conduct see Detention Policies: Monitoring and Reporting Abuse & Neglect

**Informal resolution:** All residents are encouraged to resolve grievances informally with staff. In most instances, a discussion between the resident and staff will result in a satisfactory solution. The staff member shall note the informal discussion in the resident's progress notes. **It is not mandatory for residents to attempt to resolve complaints informally.** If a resident is not satisfied with the discussion and result of the conversation, the youth may utilize step I of the grievance process. Residents may submit any grievance in a sealed envelope labeled Supervisor.

**Grievance Forms:** Grievance forms and envelopes are available in the South dayroom. Residents may retrieve the forms as needed however must ask for permission to get up and request a pencil. If the timing is not appropriate the YDW shall notify the resident and allow the resident to retrieve a grievance form at a later time during the shift. Morning or afternoon bathroom break during school would be an appropriate time.

## Resident Grievance Process:

**Step I:** The resident may complete a grievance in writing to the Supervisor if the Supervisor is not involved in the grievance. If the Supervisor is not present the resident may complete the grievance and seal in an envelope. The envelope can be placed under the Supervisor's office door.

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The resident is to place the grievance in writing noting information directly related to the incident. Include date and approximate time of the incident.

The Supervisor will obtain information regarding the situation, discuss the situation with the resident objectively, and render a decision within 3 business days.

When the Supervisor responds to a grievance the following shall be completed

- A written response to the grievant shall be completed on the original grievance form with additional sheets of paper attached as needed.
- Original form and attachments shall be given back to the resident
- A copy of the form and response shall be given to the Administrative Supervisor.
- The copy shall be filed in the Administrative Supervisor's office under resident grievances.

If the grievance involves the Supervisor or if the resident is not satisfied with the decision of the Supervisor, the resident may proceed to Step II within 3 days.

**Step II:** If the resident is not satisfied with the response in Step I the grievance may be submitted to the Director by placing the grievance in a sealed envelope in the Director's mailbox. The Director will review all pertinent information and conduct necessary interviews. The Director will respond to the grievance within 5 business days of receipt of the grievance. The Director's response is final.

**Complaints or Concerns from resident's parent/guardians:** If the parent/guardian has concerns regarding the wellbeing of the resident the parent may address it verbally with the Supervisor. For any allegations by a youth for lack of medical attention or inappropriate conduct see Detention Policies: Monitoring and Reporting Abuse & Neglect

The Team Leader will provide writing materials for the parent/guardian to complete a grievance in writing or inform the parent/guardian to call the Administrative Supervisor directly to discuss further.

The administrative supervisor shall contact the grievant and initiate an investigation. The Administrative Supervisor will respond in writing to the parent/guardian within 4 business days of receipt of complaint.

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**All complaints and grievances to the Supervisor or Director should be sealed by the grievant. The grievant should write Supervisor across the seal.**

**Retraction:** If the resident, parent or guardian chooses to retract the grievance this shall be allowed if the grievant makes this request in writing. Submit the retraction in the Supervisor's mailbox. Staff are not to take the grievance out of the Supervisor mailbox. The Supervisor will file the grievance with the retraction in the grievance file.

Provide this policy for residents, their families and referring sources prior to or at admission. Written acknowledgement must be obtained that this policy was provided. If parent/guardian to enter the facility by the first visiting session of the youth entering the facility a copy of this grievance will be mailed to the parent/guardian.

When it is appropriate an interpreter shall be made available to translate this policy to the resident and/or resident's family.

# Bay County Juvenile Home Standard Operating Procedure

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**Chapter:** Seclusion and Restraint

**BCJH Policy:** 10.2

**Subject:** Emergency Safety Physical Intervention (ESPI)

**Last Revision:** July 2020

**MI State Licensing Rule:** R 400.4159

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## Procedure

R 400.4159 Resident Restraint – This applies to all employees of the Bay County Juvenile Home. This SOP shall be made available to all residents, their families, and referring agencies.

Emergency Safety Physical Interventions (ESPIs) shall be performed in a manner that is safe appropriate, and proportionate to the severity of the minor child’s behavior, chronological and developmental age, size, gender, physical condition, medical condition, also considering any known psychiatric condition, and personal history, including any known history of trauma. In the event it is necessary to physically manage a youth the only approved method are the techniques utilized in Safe Crisis Management training.

Employees who have not participated and have been certified in Safe Crisis Management training shall not be allowed to perform any physical management of youth.

All Youth Development Workers and Supervisors shall be trained in Safe Crisis Management (SCM) yearly by someone who is certified in training the SCM Theory and Techniques. Employees may only utilize ESPI techniques on residents after the individual has completed and passed the SCM training. The exception would be for Law Enforcement when called into the facility for assistance in maintaining control.

All ESPIs shall be reported to the Director and the incident will be reviewed within 24 hours by a level of supervision above the staff ordering or conducting the restraint to determine if the requirements of these policies have been adhered to in directing and conducting the restraint.

ESPI or restraints are to be used as a last resort when less restrictive means of de-escalation have been unsuccessful.

The Director or designee shall review all restraints at a minimum of every 6 months.

## Definitions

Escape moves – Safe Crisis Management moves that allow for the employee to get away from a physically assaultive youth and would not be considered a restraint. These moves include Pivot and Parry, choke escapes, wrist escapes, hair pull escapes, bear hug escapes, and bite escapes.

Escorts – Holding a minor child’s hand, wrist, shoulder, or arm to safely escort him or her from 1 area to another. The allowable escorts taught in Safe Crisis Management training are extended arm assist and standing hook transport.

Escorts are not considered a restrain per PA116-722.112B (h).

Personal Restraint: application of physical force without the use of a device, for the purpose of restraining the free movement of a minor child’s body. Personal restraint does not include: (i) the use of a protective or adaptive device. (ii) Briefly holding a minor child without undue force

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in order to calm or comfort him or her. (iii) Holding a minor child's hand, wrist, shoulder, or arm to safely escort him or her from 1 area to another.

*Emergency Safety Physical Intervention (Physical restraint)* – Restricting a resident's movements physically utilizing techniques learned from Safe Crisis Management Training. Prone holds are prohibited. Any form of chokehold is prohibited. Any position that restricts the youth's breathing is prohibited.

*Mechanical Restraint* – Restraining a resident utilizing hand cuffs, ankle shackles and/or waist cuffs.

## **Procedure**

ESPIs are only permitted after all de-escalation tactics have been utilized and under the following circumstances:

- To prevent serious injury to the resident, or injury to others
- As a precaution against escape where the youth may be at risk of injury to self or others
- When there is serious destruction of property that places a resident or others at serious threat of violence or injury if no intervention occurs.

ESPI techniques shall not be used for punishment, discipline or retaliation. Prone restraints have been prohibited by the State of Michigan effective 7/17/20 and no longer a practice in Safe Crisis Management as of 3/1/20. Safe Crisis Management also provides special instructions to ensure the youth who is being managed in an ESPI is being monitored for breathing and distress. The State of Michigan prohibits any restraint that constricts a youth's breathing.

## **The Bay County Juvenile does not possess a restraint chair as the use of a restraint chair is prohibited**

The ESPI must only be applied for the minimum time necessary to accomplish the purpose for its use. Only approved ESPI techniques shall be used that are approved and skilled out in training. All Supervisors and YDWs trained in SCM may determine the need for physical restraint based on training and State licensing requirements set forth in this document.

Each use of an ESPI shall be documented in a written record (incident report in YouthCenter) and shall include all of the following information:

- a. The name of the resident (include all residents who were part of the incident and all residents who witnessed the incident)
- b. **A description of the specific behavior that necessitated the ESPI and de-escalation tactics and less restrictive interventions attempted prior to the ESPI. GIVE DETAILS**
- c. Describe specific approved ESPI techniques applied and the duration
- d. The estimated time the ESPI/restraint began and ended

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- e. **Name all staff involved** and their specific role during the incident. All staff involved or a witness to the ESPI or the events leading up to the ESPI, will complete a narrative in the incident report.
- f. Employees involved with the restraint will take part in a debriefing immediately following the end of the restraint that examines preventive strategies that could have been used to avoid the restraint. Complete the debriefing form and submit the form to the supervisors with a copy to the Director. This debriefing will take place before the employees leave for the day and as soon after the incident as possible. (see attached employee debriefing form)
- g. A debriefing shall take place with the youth restrained that includes the examination from the youth's perspective of preventative strategies that could have been used to help support the youth to avoid behavior or that would have helped the youth de-escalate from behavior that placed the youth or others at risk of injury. This debriefing shall take place as soon as the youth is able to rationally discuss the topic and after the staff debriefing.(see attached debriefing form)
- h. Share the completed incident report with all Supervisors and the Director. Use the "share" option in the incident report.
- i. The MDHHS Incident form must be completed reviewed by administration and the administrator shall email the incident report to [MDHHS-DCWL@michigan.gov](mailto:MDHHS-DCWL@michigan.gov)
- j. If the report is sent back to the employee for revision, the revision will be completed and returned within the timeline directed. Overtime may be approved to complete the report with approval from the Supervisor.
- k. Note any need for medical treatment. Under the medical tab in the resident's file note in the BCJH staff notes to nurse that an ESPI was administered. Discuss any medical issues the resident visibility experienced or reports. Any first aid rendered and a request for the nurse to screen for any medical issues.

The approval of the Supervisor or Team Leader ~~shall~~ must be obtained ~~prior~~ before ~~to~~ any use of mechanical restraints. See mechanical restraints SOP for further information.

The following is prohibited:

- The use of noxious substances
- The use of instruments causing temporary incapacitation
- Chemical restraints
- The use of ESPIs or mechanical restraints for punishment, discipline or retaliation.
- The use of prone restraints or other restraint that may constrict a youth's breathing.
- The use of a restraint chair

After release from a physical intervention staff must:

1. Check for injury to resident. Document that the resident has been checked for injury and what injuries occurred.

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2. Aid resident in basic first aid when situation is under control. Document the need for first aid and what was administered. Complete an injury report for all ESPI's and mechanical restraints.
3. If further medical treatment is necessary follow emergency medical procedures
4. Complete an injury report for nurse review even if the resident states no injuries.
5. Monitor the resident for the next few days for any missed injury. If resident has bruises or injury as a result in the next few days document as an edit in the original report and complete a new progress report discussing injuries discovered.
  
6. Debrief with employees involved: The purpose of the debriefing is to allow staff to process the events to improve services in the future. The debriefing is to take place immediately following the end of the restraint that examines preventative strategies that could have been used to avoid the restraint. Utilize the debriefing form.
  
7. Debrief with youth: The purpose of the debriefing is to review the incident with the resident and see the situation through the resident's view. The resident will also be present to discuss the situation from the YDWs view. Utilize the debriefing form.
  - a. Allow resident some quiet time to process the situation internally.
  - b. Listen to the resident's version. When the resident is finished the YDW will describe the behavior that was observed. Describe the behavior without demeaning or agitating the resident. Utilize a calm voice tone and demeanor.
  - c. Discuss strategies that could have been used to help support the youth to avoid behavior or that would have helped the youth de-escalate from behaviors that placed the youth or other at risk of injury.
  
8. The Supervisor will contact the parent/guardian within 12 hours of the ESPI to discuss what had happen. Utilize the debriefing forms to complete the parent notification letter attached. Use this letter to inform the parent of the situation. Notify the parent/guardian that a comprehensive review of the incident will be scheduled within 24 hours of the incident and the parent will be invited to attend.
  
9. A comprehensive review of the incident must be scheduled within 24 hours following the use of a restraint. Such comprehensive review may need to occur multiple times over multiple days to support the youth involved or any youth that witnesses the restraint. Parent/Guardians and probation agents should be invited to participate in the review.

# Bay County Juvenile Home Policy and Procedure

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**Chapter:** Administration, Organization and Management

**BCJH Policy:** 1.2

**Subject:** Program Statement

**Last Review/Revision:** February 2018

**MI State Licensing Rule:** R400.4109

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**Revised January 2005: Revised June 2007; Revised July 2012: Revised October 2016  
For Compliance with Rule 400.4109**

The Bay County Juvenile Home shall make this statement available by:

- Public website of the Bay County Juvenile Home
- Listed in the resident handbook which is read at the time of intake
- Copy provided upon request

## **I. Program Statement**

The Bay County Juvenile Home is established to provide temporary care and services in secure and safe custody to juveniles who are accused or adjudicated pending court action or awaiting transfer to another facility and who cannot be served in an open setting. The Bay County Juvenile Home is committed to treating youth in a least restrictive manner which respects the individual while providing a safe and secure environment for all residents and staff. Basic purposes of the facility are to:

- Provide a safe and secure environment for residents and staff.
- Provide for basic need, such as shelter, food, clothing and access to medical and dental care.
- Prevent the violation of legal rights during detainment at the Bay County Juvenile Home.
- Allow access to the physical, emotional, religious, educational and social needs while detained and within court order.
- House the youth in a safe and humane environment, maintaining the level of security necessary to prevent escape and assures that the youth lives free of fear, of assault or intimidation.

## **II. Description and Overview**

### **A. Types of Children Admitted for Care**

Youth are detained at this facility by order of the Court. The youth must have committed some type of criminal offense (misdemeanor or felony) or have failed to abide by a previous order of the court (bond revocation, violation of probation, violation of a court order). Youth may be placed at the facility prior to adjudication, after adjudication, or while awaiting disposition or placement. In accordance with its operating license, all residents of the facility are between the ages of 10 and 17 years. Voluntary admissions are not permitted. Youth may not be admitted if the youth is only charged with a status offense (truancy, curfew violation, incorrigibility and running away). A youth must have been provide full due process rights when being lodged on a “valid court order” resulting from status offense.

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Both males and females are admitted not exceeding 30 youth. While the facility is operated principally for the benefit of Bay County youth and families, youth from other communities throughout the state of Michigan are accepted, as space is available. Per diem for out of county residents is \$155.

Discharge from the facility occurs only by order of the court.

## **B. Admission of Residents**

Providing a bed is available in the facility, youth are placed in the facility under order of the Court. Out of County jurisdictions must contact the facility for approval before lodging a resident. During the admission process, the facility determines that the youth is under the jurisdiction of the Court, a valid order for placement exists, and the youth is appropriate for admission. Youth with untreated severe psychiatric problems may not be appropriate for admission. Youth under the influence of drugs and alcohol may require clearance by a physician for admission.

Upon presentation for admission, the assigned staff member completes the intake process which seeks to gather basic information to enable the program to assess the young person's appropriateness for admission and to design a preliminary service plan. Upon admission the following shall be in the resident's case record:

- Name, address, birth date, sex, race, height, weight, hair color, eye color, identifying marks, religious preference, and school status.
- A brief description of the resident's preparation for placement and general physical and emotional state at the time of admission.
- Name, address, and marital status of parents and name and address of legal guardian, if known.
- Date of admission and legal status
- Documentation of legal right to provide care
- Authorization to provide medical, dental, and surgical care and treatment.
- A photograph within the last 12 months shall be taken on site.
- A brief description of the circumstances leading to the need for detention

Youth are also searched, showered, and provided with facility clothing. Youth are assigned a sleeping room, provided a resident handbook to review and PREA information. Parents are also provided information regarding visiting, seclusion, restraints and PREA.

## **C. Care of Residents**

As a licensed child caring institution, the facility provides for all basic human care needs of the resident. The facility contracts a licensed nurse who is supervised by a licensed doctor. Needs

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not able to be met by the contracted medical services will be taken care of by outside providers depending on need. Regular visits may be addressed by the youth's regular physician and emergent needs are handled by Covenant Med Express or McLaren Bay Regional Hospital. Mental health services may be provided by the youth's current therapist. Mental health assessments are typically scheduled outside of the facility as needed. Basic dental care may be provided for longer term residents or the youth's regular dentist with approval from the court.

### **III. Program and Services Provided**

- A. Recreational** – Residents of the BCJH are provided opportunity to participate in physical activity at least 5 days per week on site under the supervision of BCJH staff. Residents who meet program expectations earn points to participate in games or creative activities at least 5 times per week.
- B. Education** – The Bay Arenac Intermediate School District provides an education program connecting with the youth's home school whenever possible. The program follows the Bay City Public Schools calendar year and a limited summer school is available to all residents.
- C. Medical** – The BCJH contracts a nurse and doctor that provide physicals and to oversee medication routines. Youth Development Workers take an initial health screening of the youth at the time of admission with medical and mental health emergencies being handled immediately. Youth will receive a physical examination within 7 days of admission if there is not a documented physical examination on record within the past year. If at any time health concerns develop, it is at the least documented and illness report completed. Medical issues in need of attention will allow for appointments made with licensed medical professionals. Residents also receive periodic dental services and immunizations.
- D. Life Skills** – Various outside agencies provide residents with life skills training. Some topics include nutrition, substance abuse education and prevention, resume building and employment applications, appropriate relationships, etc...
- E. Religion** – Residents are asked their religious preference at the time of intake. If requested arrangements are made for visits from the resident's spiritual advisor. If a religious program is available in the facility, residents will have the right to opt out of services without consequences.
- F. Counseling and Psychological Services** – Although counseling and psychological services are not part of the on-going detention program, emergency mental health services will be sought when warranted. Information concerning the resident's behavior received from Youth Development Workers shall be documented and utilized to determine if services are necessary. Those residents that have an established counseling or psychological services may continue those services with the coordination and oversight of Probate Court.

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**G. Nutritional Program** – The BCJH participates in the National School Lunch Program and is monitored regarding the nutritional quality of meals served. Cold breakfast and evening snack are prepared on site and served daily. Hot lunch and dinner are prepared at the Bay County Sheriff's Office and transported to the facility. The Health Department ensures that food quality controls are met by inspecting the food program twice a year.

**H. Hygiene Program** – The BCJH strongly emphasizes personal hygiene in each resident's daily routine. Adequate time is provided for daily showers, hygiene products are supplied by the facility, and youth receive clothing and linen changes on a regular basis, also provided by the facility. Residents are encouraged to wash hands frequently.

## **IV. Discharge of Residents**

Youth are discharged from the program according to the order of the Court. In general, residents may be returned to their own home, a relative's home, placed in a foster or group home, or placed in another institution. Discharge is a pre-planned process arranged by the Court or the Department of Human and Health Services. As part of its case planning and management practices, the secure detention facility completes a discharge plan and summary for each resident. This discharge plan and summary includes the reason for discharge, person and place to which the resident was discharged, a brief summary of medical and dental services provided, and the name and title of the person to whom the youth was released. This document also contains a brief description of the youth's adjustment to the program. In the event of an unplanned discharge, the facility completes a brief summary of the circumstances surrounding the discharge.

# Bay County Juvenile Home Policy and Procedure

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**Chapter:** Resident Life

**Subject:** Religion

**MI State Licensing Rule:** 400.4134; 400.4152(a)

**BCJH Policy:** 6.9

**Last Revision:** March 2019

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**Revised March 2003; Reviewed and Revised August 2009; Revised January 2013**

## **POLICY**

No resident shall be prohibited from participating in religious activities and services in accordance with the resident's own faith and parental direction as long as the participation does not conflict with the safety and security of the facility. No resident shall be compelled to attend religious services or religious education nor be disciplined for failing to attend.

## **PROCEDURES**

### **A. Religious Preference**

All residents shall be asked their religious preference at the time of intake. This information shall be documented in their file under "General Profile; religious affiliation".

### **B. Religious Programming**

The Bay County Juvenile Home utilizes the Forgotten Ministries, which provide a non-denominational spiritual program that is voluntary for residents to participate. It is a choice for residents to participate in religious programming, not a requirement. If the resident would like to meet with his/her spiritual advisor, staff shall notify a Supervisor to contact the resident's parent to make arrangements for a session. The resident with the approval of parents and a Supervisor may have a Religious Educator schedule time to come to the facility to assist in these religious needs. A Religious Educator is an authenticated representative of a legitimate religious practice, who has been approved by the Facility Director following an examination of his/her credentials.

Staff may not lead religious educational services or interpret religious materials for residents.

Residents are allowed quiet time in their rooms to pray, meditate, read the religious material, or other rituals that may go along with religious routine/education. Those residents who choose not to participate may rest quietly or read.

Residents are also allowed to read their religious material whenever it is appropriate to read library books. These privileges may be revoked if the resident is out of control, destroying property or directed by the supervisor due to a particular negative behavior that is documented in the resident's file.

### **C. Religious materials in the facility**

Residents may have ready access to religious publications of their respective faiths. All religious material is subject to review before the materials are provided to the resident. Depending on the resident's token economy level and/or current behavior, materials may be permitted in their individual sleeping room. Arrangements may be made for a resident to

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**Subject:** Religion

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obtain personal copies of approved religious books and periodicals. The facility may also receive donations of religious material that may be used by residents when available.

When appropriate, liturgical apparel such as skull caps, head shields, and prayer shawls may be worn during religious activities. When not in use, this apparel shall be stored with other personal items belonging to the resident in their locker.

## **D. Religious dietary needs**

The facility recognizes that certain religious faiths impose dietary restrictions on their members (e.g., abstaining from the use of pork or pork products). These restrictions are honored and accommodated upon request of the parent and with guidance from the spiritual advisor whenever possible through menu alterations or the use of supplemental foods stored at the facility.

## **E. Facility and Staff involvement in Religious programming**

The basic constitutional principle of separation of church and state apply here and must be observed.

Staff are to monitor religious programming to ensure that residents are not a behavior management problem and will adhere to the policies of the facility when behavior problems arise.

Accordingly, staff shall not attempt to impose personal values (such as religious views, issues of morality, etc.) on residents. Furthermore, staff shall not interpret religious readings or teachings to residents or in the presence of residents. Staff shall not lead or participate in religious rituals with residents such as prayer, readings, and discussions of religious practices or bring religious materials to the facility for the resident.

## **F. Screening:**

Religious groups and organizations expressing a desire to provide a variety of services to the residents will be referred to the Director, who will explain facility policy and discuss possible program implementation.

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**Heading:** Rules and Discipline

**Subject:** Behavior Management

**Established:** August 1994, Reviewed and Revised January 2002; Reviewed 2009; Revised August 2012

## **Policy**

YDWs shall deal with all disciplinary actions by directing actions and verbal warnings towards correcting inappropriate behaviors, developing a positive yet professional rapport with the residents and de-escalating crisis situations. The behavior management process to be followed at this facility is structured around a Token Economy System and utilizing de-escalating techniques taught in Safe Crisis Management.

Employees are reminded that in accordance with Michigan State Child Care Licensing Rules all cruel and severe discipline is prohibited including any of the following:

- a. Any type of severe physical discipline inflicted in any manner
- b. Any type of corporal punishment inflicted in any manner
- c. Disciplining a group for the misbehavior of individual group members
- d. Verbal abuse, ridicule or humiliation
- e. Denial of any essential program services
- f. Withholding of any meal or creating special menus for behavior management purposes
- g. Denial of visits or communications with family
- h. Denial of opportunity for at least 8 hours of sleep in a 24 hour period.
- i. Denial of shelter, clothing, or essential personal needs
- j. Residents shall not be permitted to discipline other residents.

## **Procedure**

**A. Progressive discipline/Token Economy System:** Residents start each day with certain amount of points. Based on positive behavior the resident will be able to retain these points. At any time during the day it is possible for a staff member to deduct points from a resident due to inappropriate behavior. This should be used as an intervention tool, to remind residents of behavior expectations while in the facility. When using this method staff must explain to the resident that the appropriateness of the resident's behavior will determine the number of points the resident will retain each day. When inappropriate behaviors are demonstrated the resident's ability to retain token economy points will be restricted.

1. Positive Behaviors by residents while detained result in
  - Verbal praise by staff –reinforcing positive behavior
  - Continue to keep and earn points and increased privileges
  - Five consecutive days with all positive behavior earns additional points.
  - Points add up to increased levels in the program and increased privileges (See T.E.)
  - Placement in Honor Level sleeping room if available for Honor Level residents.

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2. Negative behaviors by residents are typically a result of feeling humiliation, disappointment, envy, sadness, hurt, frustration, dependency, and harassment. Some of the effects of these feelings on the resident are observed as aggressive behavior, non-compliance, and lack of empathy.

Youth Development Workers should not assume why a resident is behaving negatively. Get the facts. Read documentation of previous discussions and behaviors regarding the resident.

## Consequences for Negative Behaviors

### a. Verbal Warning –

- Residents displaying minor negative behavior may be given a verbal warning or staff may re-direct the resident to the appropriate positive behavior expected to prevent negative behavior. Warnings are documented in progress notes. Warnings are simple and direct. Describe the negative behavior do not label it or the resident.

### b. Point Loss

- Point losses occur for minor infractions of program rules that mildly disrupt the program. Depending on severity a point loss typically follows repeat behavior after documented verbal warnings for the behavior. Point losses are documented on facility point sheets and resident point sheets. Point losses and reason for point loss shall be documented in resident progress notes each shift.
- The YDW who administers the point loss will inform the resident of the point loss and the reason for the point loss. The YDW will also document the point loss on the point sheets. Describe the negative behavior do not label it.
- YDWs will use professional conversation and not use words that are humiliating or demeaning when discussing consequences to residents.
- Redirect the resident if he/she continues to focus on the point loss in a non-productive manner. There is no bargaining or arguing regarding the point loss. If the resident disagrees he may respectfully file a grievance regarding the point loss when programming allows. (grievance policy xxx)
- The Team Leader may be consulted regarding the point loss and the possibility that it was unfairly implemented. If the point loss was found to be given in error the Team Leader may retract the point loss. However, a report (via email) must be given to the Supervisor or Director discussing why the point loss was retracted.
- Do not get personal with the resident regarding the point loss or add negative comment. The point loss should be enough without any further comment or emotion from the YDW.
- If the resident cannot accept the point loss and continues to be disruptive this may fall under the category of issuing a fine.

### B. Time Out – Any situation which appears to be escalating a resident may request to take

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time out. This typically happens after a court hearing or visit that delivers bad news to the resident. During a time out, visual monitoring must occur at least every fifteen minutes and must be recorded on a resident monitoring log. A resident in time out should return to the group activity as soon as the youth feels he/she would like to join the program. Time outs are to be reported in the resident's daily behavior note.

- C. **Token Economy Fines** – A fine is issued only for behaviors which are totally unacceptable and necessitates immediate intervention. A fine will provide immediate restrictions upon the resident's ability to participate in facility activities. These actions are defined in the Token Economy System and are to be dealt with by issuing a time out when appropriate, investigating the situation, filing of an incident report, and issuing the fine if the investigation shows that the action did indeed occur.

These are set circumstances and are to be followed at all times unless a Team Leader or Administrator approve more or less restrictive fine. The investigation which occurs at the time of the incident described on the preceding pages must include the following:

1. Talking with the resident involved and gathering all pertinent information.
2. Reviewing behavior notes and previous incident reports
3. Reviewing previous points earned and the level attained.
4. Consulting the Team Leader and any other staff members involved in the incident

When the investigative report is completed, the conclusions are to be reviewed with the resident(s) involved and the actions to be taken by the staff explained. Whenever an investigation concludes that a resident was involved in any of the actions described on the previous pages, the consequences must fall within the guidelines stated. Only a Team Leader or Administrator can approve more or less restrictive fine. If an investigation reveals that a resident was not involved in an alleged action, then there is not to be any consequence administered and the resident is to retain points for any time spent in his/her room.

## **A. Fine**

When staff are unable to reach a resident rationally to change behavior and discussions, verbal warnings and point losses have not been successful it may be necessary to go to the next level of discipline to correct the behavior.

1. YDWs are to utilize a calm demeanor when dealing with a resident who is refusing to follow direction or program rules. YDWs are encouraged to allow the resident opportunity to display positive behavior whenever possible.
2. YDWs are not to engage in a power struggle with the resident to comply. YDWs will not argue or banter with the resident. YDW's will not use profane or abusive language with the resident.
3. When it is determined that the resident will be issued a fine, the YDW who issued the fine will notify the resident of the fine.

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4. Fines shall be written up by the YDW issuing the fine in the resident's file under the tab/Record of Discipline

## Notification of the Fine to the resident

- The resident will be notified of his fine if he is able to have a rational conversation regarding the incident. The YDWs dealing with the resident must also be in a problem solving mode and not emotional over the incident that required the fine.
- If the resident is not willing to discuss the incident rationally give the resident some quiet time and space to calm down. Do not bombard the resident with questions or commentary. Give the resident time to process and come to you to talk. If the YDW involved is not able to handle the situation rationally it is necessary for another YDW to intervene. Get the facts correct and only deal with the behavior.

## Substitute Program

A substitute program is formed if a resident's negative behavior is compromising the safety and security of anyone in the Juvenile Home and special conditions are necessary to improve security in the facility. The program is to ensure the safety of all residents affected by the behavior.

## Resident Substitute programs:

- Must have a supervisor approval before implementing. Staff must discuss the behavior that they feel warrants a substitute program. Discuss the interventions that have been imposed up until this point and how they have failed. Then discuss suggested interventions for a substitute program that would aid in changing the behavior or ensuring security and trust in the resident.
- When supervisory approval has been obtained, staff must document the substitute program in the resident's file under progress notes and add progress notes to daily log. The details of the substitute program must be noted and explained to the resident. Standard provisions in a substitute program are:
  - Resident will **not** earn/keep points for the first 24 hours of the program.
  - Further infractions of facility rules or policies may result in returning to day one of the substitute program and/or further sanctions or restrictions.
  - Failure to follow routine staff directive without argument or discussion will result in returning to day one of the substitute program. Resident may file grievance in writing when time is appropriate if he disagrees with program.
  - A time limit to the program. For example: The resident shall remain on the program until day one of level three.
- Staff are to note in the resident's progress notes each shift how the resident is progressing in the substitute program.
- Supervisors must review the substitute program daily to determine any adjustments that may need to be taken to improve security in the program and trust with the resident.

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## **Other Discipline Measures**

The policy of this facility is that corporal punishment is not to be used at any time. Corporal punishment is denied as all forms of physical punishment such as striking, spanking, slapping, beating, enforced mobility, or required calisthenics. Should any informed staff person in a moment of misjudgment employ such tactics, it shall be clear that disciplinary action will follow. This will also apply to any threats of corporal punishment made by any staff member.

**Duty to Report: It is the duty of any Youth Development Worker who witnesses physical punishment or the threat of physical punishment by another Youth Development Worker to report this behavior immediately to a supervisor or the director.**